



1524 Prairie Drive  
 Worthington, MN 56187  
 800.220.2522  
 507.372.7779  
 507.372.2565 (fax)

Website: vaxxinoa.us.com  
 Email: info.us@vaxxinoa.com



PLEASE FILL OUT FORM  
 COMPLETELY

### POULTRY DIAGNOSTIC REQUEST FORM

Date Samples Collected	_____	Owner	_____
Veterinarian/Submitter	_____	Farm/Site	_____
Clinic/Company	_____	Barn/House #	_____ Premise ID
Address	_____	Site Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
	Fax _____	Species	_____ Broiler _____ Layer _____ Turkey
DVM Email	_____	Breed	_____ Weight _____
Clinic Email	_____	Age/Hatch Date	_____ # Affected _____
		Flock Size	_____ Sex _____ M _____ F

**Specimens** \*Newport Labs cannot accept samples from known or suspect cases of Avian Influenza or Newcastle Disease Virus\*

Lung	Heart	Liver	Kidney	Spleen	Gall bladder	Intestine
Feces	Bone	Blood	Serum	Chick paper	Other	
Swab	Swab origin:			*Plate/Slant/Viral isolate	Origin:	
				*only complete for isolates	Date of Isolation:	

### History, Clinical Signs & Gross Lesions

Please provide details and any suspected causative agents:

### Test Requests

**Note: Samples pooled for PCR & viral testing to reduce cost unless otherwise noted**

Check here to leave testing to discretion of the Diagnostician

Bacteriology
Aerobic Culture
Salmonella Culture
Anaerobic Culture
Campylobacter Culture
Identify isolate (plate/slant/broth)

Viral
Avian Reovirus PCR
Avian Adenovirus (FAdV) PCR
Virus Isolation (if PCR +)

For Lab Use Only

Additional Requests

Case #:	Date Rec'd:	Courier:	Technician:
---------	-------------	----------	-------------